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ABSTRACT

The issue's major feature, on physical and sexual abuse of handicapped children, focuses on education and adult awareness of the problem. It has been well documented that children with handicaps are especially vulnerable to abuse. Parents or other adults who believe that abuse has occurred should first write down exactly what the child has told them, as well as their own observations, including obvious signs of injury. Knowing the child well is a key factor in awareness; dramatic changes in behavior should trigger questions. Be on the alert for changes, reassure the child, and let the child know you are acting on his or her behalf. General directions for reporting abuse are given, and specific symptoms of physical and sexual abuse are noted. A list of do's and don'ts for parents includes teaching your child his full name, address, and phone number, making sure the child knows the correct names for all body parts, and teaching the child what kind of adult requests are inappropriate. (JW)

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Special Parent ★Special Child

Practical pointers for parenting handicapped children

VOL. 3, NO. 1 JANUARY/FEBRUARY 1987

ABUSE AND THE SPECIAL CHILD

Child abuse is a subject that distresses all parents. In this issue you'll find out why special children are so vulnerable to abuse, how to recognize the symptoms and what steps to take to protect your special child from being victimized.

HANDICAPPED CHILDREN AND ABUSE

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Would you know if your handicapped child or student has been sexually or physically abused?

More than ever before, the issue of child abuse has captured the nation's attention. Media coverage of sordid exploitation of children and the resulting court cases have forced parents and professionals to reexamine how adequately we prepare parents, professionals and children to recognize abuse and how they can protect themselves. **It has been well documented that children with handicaps are more vulnerable to abuse.**

- They are often more dependent on others and less able to defend themselves.
- They are sometimes perceived, though erroneously so, as less credible reporters.
- The stress involved in meeting their requirements for additional care, time, patience and expense may trigger an abusive cycle.

Handicapped children are often not aware they are being abused. Bribes, threats and coercion may be more successful among children with disabilities. Moreover, inasmuch as all children have difficulty in establishing and verifying credibility before the courts, children with handicaps—particularly mentally retarded, nonverbal and emotionally disturbed children—could have even greater difficulty with the complex investigative and court process.

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OOPS!

We goofed. Please read "Be on the alert for any changes" on Page 4 before you read "What to look for" on Page 2.

We apologize.

What to look for

Many incidents similar to the one described occur almost routinely. The following is a **guide to symptoms** to look for in your child:

PHYSICAL ABUSE:

- unexplained, repeated welts, bruises, burns, particularly if they are in various stages of healing or are unusual in shape
- unexplained abrasions, particularly in the external genitalia, backs of arms or legs
- unexplained fractures, bald spots, possibly from hair being torn out, or missing teeth
- extremes in behavior (withdrawn, hyperactive, depressed)
- fearful behavior (particularly when around adults)
- self abusive or destructive behavior
- highly manipulative behavior, food stealing

SEXUAL ABUSE:

- difficulty in walking
- torn, stained or bloody underclothing
- abnormalities in genital areas
- extremes in behavior (withdrawn, hyperactive) not usually found in child's makeup
- depressed
- regressive behavior
- inappropriate sexual knowledge or behavior

Any or all of these could represent other problems rather than child abuse. If any of these symptoms appears in your special child or student and if your child or student is unable to easily express what has happened, we urge you to investigate.

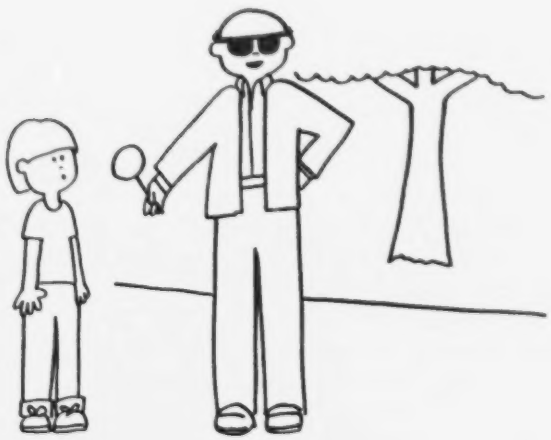
What happens if abuse is suspected? Unfortunately, those who have followed abuse cases in the media know that often the system doesn't work smoothly for either the child or the person accused and that perfect and clear-cut solutions don't always present themselves.

However, it is critical that cases of abuse be **reported** before the system can even begin to work for the child and future abuse can be prevented.

ABOUT THE AUTHORS

Linda Murphy, M.S., is the founder and for the past 15 years has been the director of a widely known, approved school for mentally handicapped children serving children ages 5-21 in Westchester County, NY, and surrounding areas. A lecturer, teacher and administrator, she is a foster parent and the parent of a handicapped child, too.

Suzanne Della Corte, M.S., for 15 years co-director of the school, is responsible for curricula, staff development and supervision. She is author of numerous research projects in the field and has edited psychology textbooks for a leading New York publisher.



ABOUT SPECIAL PARENT/SPECIAL CHILD:

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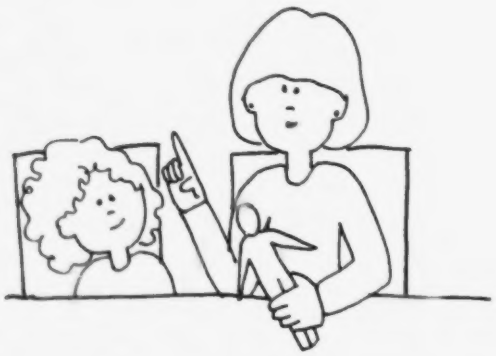
Write down what has happened

Parents or others involved in a child's life who believe that abuse has occurred should **first write down exactly** what the child has told them in words as close to the child's as possible. They should also describe in writing their own observations, including obvious signs of injury, both physical and/or sexual. The person reporting possible abuse is not responsible for actual investigation (the responsibility of the child protection agency); however, it will be helpful in the investigation to have as many facts as possible to work with instead of vague memories.

Report the abuse

To report abuse, call your local child protection agency or sheriff (in rural areas), or you may begin simply by calling your county courthouse and asking for the number of the appropriate department. A school district may also have a person known as a "designated reporter" who should be contacted. Try to obtain that person's name by calling your school district's office.

If your child has a handicap that may make communication difficult with an official, you might wish to include a third party in the process to assist with the child's reporting. For instance, with a child who is deaf, you would want to request that an interpreter (signer) be present during an interview with the child. Or if the child is mentally retarded, it would be helpful to have a teacher present who is familiar with how the youngster expresses him/herself and who can vouch for the credibility of what the child is expressing.



Know your child

A significant problem in determining whether a child may be physically or sexually abused rests with the fact that often signs and symptoms of abuse may represent other problems and may not be a result of abuse. The key factor in establishing whether your special child/student has been victimized is to **know your child.** When you notice dramatic changes in behavior, find out what is behind them; if you notice questionable physical changes, ask questions until you are satisfied with the reasons.

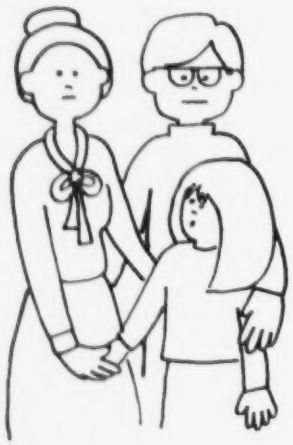
Be on the alert for any changes

A teacher of mentally retarded adolescents recently requested information on the behalf of parents regarding a case of sexual abuse in a group home. The girl had been sexually abused for over a year and was unable to verbalize what had happened. Her behavior had changed radically during the year; she had become severely aggressive and self abusive, and based on this it was determined that she was unable to adjust satisfactorily to a group home environment. During the investigation for placement out of the group home, it was determined that she had been sexually abused and ultimately the perpetrator confessed and was charged.

Many questions arise from such an event, primarily why in a small group home setting was this not determinied earlier? Why did staff not recognize these symptoms and investigate them beyond more than a superficial level? Is it because staff and parents alike are reluctant to consider child abuse as a possibility? For the institution the possibility of abuse, whether by a resident or staff member, raises issues that could lead to a costly lawsuit. For the parent, the possibility of abuse raises the issues, naturally, of their child's safety, but more than that, raises the difficult question of alternative placement. The latter may not even exist as an option.

Reassure your child

While reporting child abuse cases is important, it's also crucial that you reassure the child in question and let him/her know that you are acting on his/her behalf. Show your belief in the youngster through support and understanding. When possible, and especially if the child requests it, try to remain with him/her through the initial interview with the official to whom the abuse has been reported.



Parents and others who would like to know more about child abuse issues and reporting and investigation processes may be interested in contacting the "Let's Prevent Abuse" program, a project conducted by PACER Center, 4826 Chicago Avenue, Minneapolis, MN 55417 (612-827-2966). The project's coordinator is Lili Garfinkel.

The "Let's Prevent Abuse" project (using puppets as the medium) has developed a "Resource

Manual on Child Abuse," available from PACER for $15. Also available for sale are sets of puppets and scripts that can be used by groups who wish to begin their own abuse awareness and prevention projects. Though the puppet programs are designed to meet the general informational needs of all children about abuse, handicapped children are the special target audience because of their unusually high vulnerability to abuse.

Do's and Don'ts

- **Do be aware** that the most effective way of preventing physical or sexual abuse is **education.**
- **Do make sure your special child is provided** with information about sexual feelings appropriate to his age and developmental level. The more aware your youngster is about his own body, body parts and their functions, the less apt he is to be exploited.
- **Do make sure your special child knows the correct names** of all his body parts. If, for instance, your child tries to tell his teacher about someone touching or hurting him and uses a nickname familiar only to his immediate family, his teacher will be unable to investigate or remedy the situation.
- **Do teach your special child** from the very beginning that touching and kissing are for **family members only.** Demonstrate to your special child that the appropriate way to greet friends and casual acquaintances is to shake hands and no more.
- **Do explain in simple language or nonverbal modeling** how to say "no" or shake one's head "no" to **anyone** who wishes to do more than shake hands, especially to someone who is unfamiliar.
- **Do teach your child** his full name, address and phone number if possible. If he is capable, show him how to dial "0" for operator and request help if need be.

- **Do make sure your special child knows** what "stranger" means. Remember that to many special children the concept of "stranger" is unclear so that admonitions to stay away or not let strangers touch is confusing.
- **Do not overstimulate your special child** with excessive displays of affection. Treat him as you would a normal child of the same age. If your special child gets in the habit of sitting in laps or kissing or being fondled, this will, especially as he gets older, be misconstrued as overt sexual behavior and will leave him vulnerable to exploitation.
- **Do keep communications between** you and your special child open and genuine. Make sure your youngster feels he can come to you without embarrassment or guilt if he feels scared, threatened or insecure about any incident, no

matter how insignificant it might seem at first.

• **Do make sure your special child** knows he is not allowed to keep secrets from Mom and Dad, especially if an adult tells him to.

• **Do explain to your youngster that he must not** comply with adult requests if it involves:

- going into a strange car, house, unfamiliar place or playground
- accepting candy or a gift
- having his photograph taken

Make it clear to your youngster that he is not allowed to accompany anybody anywhere unless he has gotten your explicit permission.

• **Do make sure your special child** knows that **NO ONE** has the right to touch, smack, hit or handle him physically.

• **Don't alarm your child unnecessarily** but do make it clear that even "nice" people—relatives, babysitters, teachers—sometimes do hurtful things. Let him know that he must say "NO" loud and clear and tell you about it immediately.

• **Do remember that alongside education, the best protection is** to give your special child a feeling of self-esteem and competency. If your child is secure about his own self-worth, he will be less likely to seek or accept inappropriate attention from others.

• **Do visit your child's school program.** Get to know the names of **all** the adults, including volunteers and drivers who have contact with your child at his school. This is especially important if your youngster mentions a person's name repeatedly, or out of context, or if he indicates something confusing to him has occurred with regard to a particular person.

• **Do discuss with your child's** school director the school's policy and procedure toward physical handling. Special education facilities have a responsibility to insure a safe, productive environment, one where physical violence or corporal punishment is not permissable.

• **Do familiarize yourself with your special child's routine.** Know how long it takes him to get from home to school and vice-versa. Make sure any delays are documented. Your suspicions should be aroused if there are frequent, inexplicable changes.

• **Do find out if your child's school has procedures for documenting accidents or incidents.** If your special youngster arrives home with torn clothing, or cuts and bruises, some responsible adult connected with the school should have a written report, or be able to tell you the circumstances under which these events occurred.

• **Don't leave your child with an unfamiliar babysitter** even if this means cancelling your plans. Ask for references and check them out carefully. Don't get in the habit of permitting "a friend of a friend" of your regular babysitter to take on the responsibility of caring for your special child.

• **Do remember that the best protection** for your child is to KNOW HIS WORLD. Know your special child's teachers, bus drivers, classmates, his friends and their parents. Be aware that often the child abuser is someone known to the child.

Try to keep abreast of your child's whereabouts and routines. Above all, communicate with your special child concerning the events in his life.

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Parent-to-parent network

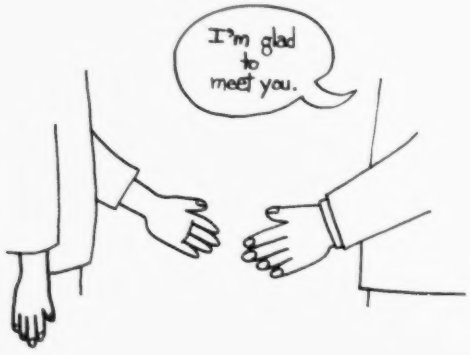
PACER Center, the organization that conducts the "Let's Prevent Abuse" project, is a Minnesota coalition of parents of children with all handicapping conditions. Organized ten years ago, PACER's basic project, "Parents Helping Parents," offers information and training to help other parents better understand special education laws and procedures used by schools and the rights and responsibilities that parents have in the process.

Soon after PACER began, its members recognized the need for some type of program to promote handicap awareness and more positive attitudes toward youngsters with disabilities. A program called "Count Me In," the first PACER project to use puppets as a comfortable medium through which to present sometimes uncomfortable material, was begun and to date has reached over 70,000 school children in the Minneapolis-St. Paul metropolitan area. The "Count Me In" team has also trained persons in many other areas of Minnesota and the United States to conduct their own handicap awareness programs.

A growing awareness of the special vulnerability of youngsters with handicaps to child abuse led to the development of the "Let's Prevent Abuse" project described above. To date, the abuse prevention programs have reached over 4,000 youngsters and teachers. Project coordinators report that following the shows several cases of abuse have been revealed by children in the audience to a "designated reporter," the school staff person responsible for reporting abuse within each school building where the shows have been presented.

PACER also serves as the Midwest Regional Center for TAPP

(Technical Assistance for Parent Programs), a project of the National Network of Parent Centers. Through TAPP, a system of peer support is provided for parent training organizations and established, experienced parent centers and new centers learn from each other as well as from professional experts. TAPP's central location is at the Federation for Children with Special Needs, 312 Stuart Street, Boston, MA 02116 (617-482-2915).



Psychologist's corner:
DRUG ABUSE AND THE SPECIAL CHILD

by George Popper, Ph. D.

The problem of drugs and drug abuse is not limited to the ghetto or to the suburbs where there are otherwise well-adjusted, average children. It affects everyone and this includes special children who may be especially vulnerable. The desire to have others like them and to have "normal" friends is very strong and the promise of "friendship" might be a particularly powerful inducement to buy. As children enter adolescence, peer pressure becomes more important and the risk of being victimized by a drug dealer is even greater. We cannot totally insulate the special child from the world in which we live and even if we could, it wouldn't be a good idea.

Some parents have the mistaken belief that by ignoring the problem it will go away. Others believe that no one could be so callous as to entice a retarded child into taking drugs.

As increasing numbers of developmentally disabled individuals find their way into the mainstream of society, the problem of substance abuse for them is becoming serious. What can parents do?

Helping their special youngsters to accept themselves as worthwhile individuals despite their limitations is important. They need to learn the dangers of drugs and they need to have programs on a level meaningful to them. Many of the current drug awareness programs are designed for children who are more sophisticated and of average intelligence. Professionals in schools, workshops and other facilities for the disabled should have some recognition of potential problems that could occur.

We have gone to great lengths to teach the special child about sex and how to be careful of others who may hurt or abuse him. The problems of drug and substance abuse require at least as much attention.

What's coming up

Hyperactivity • Making Friends • Travel Tips • Medical Management: Choosing the Right Doctor • Building Self-Esteem • Building Readiness Skills • Getting Older, Guardianship • Bedwetting • School Stress • Independent Living • Parent-Teacher Teamwork • Parenting: No Time for My Feelings • Vocational Education • The Father's Role